

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-032822**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**  
**FILED AUG 22 1962**

Primary Registration District No.

**1003**

Registrar's No.

**8004**

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

**St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

**Homer G. Phillips**

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

c. CITY  
OR  
TOWN

**St. Louis**

Inside Limits  
Yes ☐ No ☐

d. STREET  
ADDRESS

(If outside, give location)

**4272 Washington**

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First **Caleb**

Middle

Last **Reeves**

4. DATE  
OF  
DEATH

Month **8**

Day **14**

Year **62**

5. SEX

**Male**

6. COLOR OR RACE

**Negro**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**3-2-1884**

9. AGE (last birthday)

**78**

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**NT**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Rev. George Reeves**

13b. MOTHER'S MAIDEN NAME

**Unknown**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs Bernardene Shanklin 4272 Washington**

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Myocardial Infarction**

INTERVAL BETWEEN  
ONSET AND DEATH  
**Undet.**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**Generalized Arteriosclerosis**

DUE TO (c)

**4201**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

**Gallbladder Stones**

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**8-7-62**

to **8-14-62**

and last saw him alive on **8-14-62**

Death occurred at

**1:15**

**P.**

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**James H. Utley, M.D.**

22b. ADDRESS

**2601 N. Whittier**

22c. DATE SIGNED

**8-15-62**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**Removal**

23b. DATE

**8-20-62**

23c. NAME OF CEMETERY OR CREMATORY

**Washington Park Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis County, Mo..**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**G. Wade Granberry 4202 Finney Ave..**

25. DATE RECD. BY LOCAL REG.

**AUG 10 1962**

26. REGISTRAR'S SIGNATURE

**Paul Smith, M.D.**

USE BLACK INK

OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward A. F. Lymore

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.